United Nations DP/2006/29

Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund

Distr.: General
13 April 2006

Original: English

**Annual session 2006**
12 to 23 June 2006, Geneva
Item 15 of the provisional agenda
**Evaluation**

# Evaluation of the role and contributions of UNDP in the HIV and AIDS response in Southern Africa and Ethiopia

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06-31220 (E) 040506

# I. Introduction

## A. Rationale

1. Southern Africa is the subregion where the HIV/AIDS pandemic is the most devastating in the world, and where the danger to sustaining development achievements is the greatest. The subregion is also suffering from the effects of poverty, drought and famine, and the severe erosion of human capacities. A number of factors, including social circumstances, economic conditions and population mobility, have combined to increase the severity of the epidemic in the region. Further, HIV/AIDS disproportionately affect women and adolescent girls. Gender differences are at the root of a number of social, economic and political factors that drive the HIV/AIDS epidemic. Without an understanding of the complex relationship between gender and HIV/AIDS, strategies devised to tackle the epidemic are not likely to succeed.

2. As part of its 2004/2005 evaluation agenda, the Evaluation Office undertook a strategic evaluation of the role of UNDP and its support in addressing HIV/AIDS in Southern Africa. Country assessments were conducted in 10 countries: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Ethiopia, in the Horn of Africa, was also included since it is estimated to have the second highest number of AIDS-infected people in Africa (after South Africa); it also suffers from chronic food shortage and famine, which have sharply increased its vulnerability to the HIV/AIDS epidemic. In addition, Angola and Ethiopia are countries that have recently emerged from conflict.

3. That evaluation was one of three thematic evaluations undertaken at the corporate level by the Evaluation Office during this period. The others were on the second Global Cooperation Framework (GCF-II) and gender mainstreaming. The gender mainstreaming evaluation was relevant to this one in that it assessed the links between gender and HIV/AIDS in UNDP programming. Although the relationships between men and women are central to prevention, protection and care, the evaluation did not find an explicit gender mainstreaming strategy for the HIV/AIDS practice area.

4. The present report provides a summary of the key findings of the evaluation, which was carried out by a team of four international and 10 national consultants between November 2004 and November 2005.

## B. Objectives

5. The purpose of the evaluation was to assess the role and contributions of UNDP in the achievement of key outcomes at the country level. This included a review of the UNDP role and contributions in the policy and planning choices made by countries in relation to HIV/AIDS. The terms of reference called upon the evaluation to assess whether UNDP was targeting the right areas and taking the correct approach, and to assess the outcomes of its strategy, programmes and projects in addressing HIV/AIDS at the country level. The terms of reference called for the evaluation to be strategic and forward-looking. It was expected to assist the UNDP country offices concerned to position themselves for an increasingly effective role in HIV/AIDS, with appropriate contributions from corporate units and

the Regional Centre for Southern Africa. The findings were also expected to contribute to future UNDP strategies and programmes on HIV/AIDS.

## C. Concepts and methodology

6. The evaluation covered the period 1999 through 2004, but the report takes into account many critical developments in the HIV/AIDS response in 2005. The evaluation focused largely on UNDP contributions and outcomes and the environment in which UNDP HIV/AIDS activity at the country level has taken place. HIV/AIDS activities of other partners were not assessed. The outcome evaluation approach moved the evaluators away from assessing project progress and results against project plans, towards an assessment of how UNDP actions have contributed to changes in development conditions in ways that may or may not have been planned explicitly. A main challenge of the evaluation lay in understanding the nature of those changes and in grasping the UNDP association with them. Triangulation of information from several data sources at the country and international levels was used to validate outcomes and to confirm the findings of evaluation team. Frequently and strongly articulated views of informants were considered to have more weight.

*Scope and approach*

7. The evaluation covered the period that began in 1999, with the introduction of a strategic results framework (SRF), and included an overview of budgeted activities that were either ongoing or had not yet begun. It reviewed evaluative evidence provided through available outcome evaluations at the country, regional and subregional levels conducted by UNDP. The evaluation aimed also to review the potential and strategic contributions of UNDP towards the multi-year funding framework (MYFF), 2004-2007, in which responding to HIV/AIDS had become a separate corporate level goal. The focus of the evaluation was at the country level.

*Methods*

8. The evaluation used a variety of approaches and data sources, which allowed the team to triangulate its research and arrive at robust findings:

(a) A preliminary review of internal UNDP documents.

(b) Country assessments undertaken by national consultants in 10 countries and six country visits by international consultants. The assessments involved interviews and focus groups, and included views of UNDP and other United Nations organization staff, donors, government officials, people in community based organizations, women's organizations, and academics. Each country report provided context and other background information.

(c) Policy interviews in New York and several other locations, with key personnel from UNDP, from other United Nations bodies, and from partner organizations.

*Limitations*

9. The contributions and outcomes analyzed in the evaluation reflected that notable changes had been identified. However, at the time of the evaluation many interventions had not been implemented for an extended period. Where outcomes were evident, they were often intermediate, incremental and/or limited in scale and scope. There were limitations on ability to triangulate and validate views. Validation

was often made more difficult by a scarcity of quantitative or other clearly documented evidence. Since the field work of the evaluation concentrated on the work of UNDP, the team was unable to gain as much understanding of donor partner activities as would have been desirable for a thorough assessment of UNDP comparative advantages with respect to HIV/AIDS.

10. Weaknesses in monitoring and especially in outcome-oriented evaluation at the country office level also impeded the successful accomplishment of the evaluation task. Additional limitations were encountered because UNDP was often only one of several players associated with an outcome. Nonetheless, in the view of the evaluation team the review of contributions and outcomes is sufficiently robust to permit presenting a number of conclusions and raising key strategic issues that are likely to be valid and have implications for strengthening the role played by UNDP in HIV/AIDS response.

## II. Context

*The global context*

11. Heads of State from around the world adopted the Millennium Declaration in September 2000. Included in it are eight development goals, comprising an ambitious agenda for reducing and ultimately eliminating poverty. Of these, Goal 6 calls for halting and beginning to reverse the spread of HIV/AIDS, malaria and other major diseases by 2015.

12. In June 2001, at the special session of the General Assembly on HIV/AIDS, Heads of State and Government adopted by acclamation the Declaration of Commitment on HIV/AIDS, 'Global Crisis – Global Action' (resolution S-26/2) to express their commitment to addressing the HIV/AIDS crisis. The Declaration articulated measurable goals to reverse the epidemic, including targets in several key areas. It also called for a fundamental shift in the global response to HIV/AIDS as not only a public health dilemma, but a global economic, social and development issue of the highest priority, and the single greatest threat to the well-being of future generations. A commitment was also made at the special session to create the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM), in the recognition that if brought to scale, efforts to prevent and treat HIV/AIDS, tuberculosis and malaria could change the course of these diseases.

*The UNDP institutional and policy environment*

13. UNDP has been advocating for action against HIV/AIDS around the globe since the late 1980s. In 2000, it made HIV/AIDS one of its top organizational priorities, integrating it into broader efforts to support effective democratic governance and poverty reduction. Since June 2001, several Executive Board sessions have been devoted to reviewing UNDP contributions towards reversing the HIV/AIDS pandemic within the context of the United Nations System Strategic Plan for HIV/AIDS for 2001-2005. This culminated in the decision to make HIV/AIDS a vital consideration for UNDP during the second MYFF period (2004-2007), and one of five core goals for the organization – Goal 5: Responding to HIV/AIDS. This will contribute directly to MDG 6 on combating HIV/AIDS. The HIV/AIDS service lines were consolidated from five to three areas under the second MYFF: leadership and capacity development to address HIV/AIDS; development planning, implementation and HIV/AIDS response; and advocacy and communication to address HIV/AIDS.

*Growth in external financial resources to fight HIV/AIDS*

14. Considerable growth in external financial support for the fight against HIV/AIDS began to be seen at the country level during the review period. This has led to dramatic increases in total public expenditure on health in some case-study countries (potentially as high as 700% in Zambia, for example). The consequences include new challenges for developing countries in managing public finances and ensuring that donors respect country priorities. This implies, also, changes in the needs of the national partners of UNDP, which now require more support than in the past for the mobilization and especially the effective use of newly programmed and pledged external financial resources for HIV/AIDS.

15. Headquarters data suggest that between 1999 and 2004 total UNDP planned spending for HIV/AIDS projects and activities from its own resources was at least $3 million per year in the ten case-study countries. Cost-sharing resources brought the total to nearly $6.5 million per year, or a minimum of $21 million in the case-study countries over the period of the evaluation. In contrast, Global Fund commitments in the case-study countries amounted to $312 million for signed grants, as of April 2005. Thus, UNDP is becoming, relatively, a smaller player on the HIV/AIDS scene than it was in the 1990s, but the evaluation found that it has had important accomplishments in relation to the size of its funding.

*UNDP, the United Nations system and the international community*

16. There has been virtually universal recognition of the central position of UNDP resident representatives and United Nations resident coordinators in the international system of development support. In the case-study countries, the UNDP coordination role sometimes extended beyond United Nations organizations to include additional partners, especially where new financial resources were programmed by non-United Nations organizations.

*The comparative advantages of UNDP in the fight against HIV/AIDS*

17. Sometimes, it was not clear whether the comparative advantage of UNDP was viewed as actual or only potential. Too often UNDP leadership was seen as bureaucratic and diplomatic rather than substantial and development-oriented. UNDP might achieve development results as much by trust and facilitation as by the provision of financial resources. The Secretary-General has called for the creation of joint United Nations HIV/AIDS teams at the country level, and UNDP must be at the heart of the implementation of this new arrangement.

18. The comparative advantages of UNDP in the HIV/AIDS response vary from country to country. Nonetheless, the evaluation team was firmly convinced of one key comparative advantage that is institutional in character: The position of UNDP as coordinator and voice for the United Nations system and United Nations country teams.

19. As financial resources from non-United Nations institutions assume greater relative prominence, UNDP risks losing relevance at the country level unless it gives greater attention to coordination beyond the United Nations system. The generally strong relationships between UNDP and governments represent another key comparative advantage, but one that has been under-used in the case-study countries. The ability to promote and facilitate mainstreaming and integration of HIV/AIDS issues into development and poverty reduction strategies *should* be a

comparative advantage of UNDP in all countries, as was the case in Angola and Swaziland.

20. UNDP was also thought to have a comparative advantage in addressing certain aspects of AIDS-related governance issues, including decentralized support to the HIV/AIDS response, the human rights dimensions, and gender. The evaluation perceived a UNDP comparative advantage in facilitating the effective involvement of other smaller United Nations organizations and donors, especially in smaller countries and where major donors are relatively less active.

21. Finally, the evaluation found that UNDP *should* have a comparative advantage in capacity development, as in its work for decentralized HIV/AIDS responses in Botswana and Zambia. Developing and using all of its potential comparative advantages at the country level poses continuing challenges.

## III. Findings

22. The relevance, effectiveness and sustainability of UNDP HIV/AIDS responses represent core issues for the evaluation. They are discussed in the following three sections: on the key contributions and outcomes of UNDP engagement in HIV/AIDS; on the UNDP HIV/AIDS strategy and management of the UNDP HIV/AIDS response; and on the monitoring, evaluation, and sustainability of the UNDP HIV/AIDS response. The evaluation determined that UNDP has played multiple roles in the HIV/AIDS response at the country level.

23. The evaluation found that, in general, the roles and contributions of UNDP were relevant to the situations of its partner countries, but that they risk losing relevance in some cases, as the environment for UNDP engagement changes. In a number of areas it was too soon to assess the effectiveness of the UNDP response in achieving development impact, but certain important contributions and outcomes were identified, along with some missed opportunities and marked inter-country variations in programmes and results. Limited attention to monitoring, evaluation and exit strategies was found to impede UNDP effectiveness and the sustainability of UNDP interventions.

24. Overall, the evaluation found UNDP supporting those programmes and activities that it had said it would support. Activities – frequently at the pilot level – included leadership development programmes for HIV/AIDS-related leadership training; community conversations to engage and stimulate HIV/AIDS-related initiatives at that level; capacity development and policy support to national HIV/AIDS commissions and councils; support to decentralized HIV/AIDS responses at provincial, district and local government levels; support for the elaboration of HIV/AIDS-related policies, including action related to gender and stigma; support for civil society organizations (CSOs) in their HIV/AIDS responses; generation of knowledge through activities such as national human development reports related to HIV/AIDS; mainstreaming or facilitating integration of HIV/AIDS issues into activities beyond the traditional HIV/AIDS "sector"; support for workplace HIV/AIDS responses in the United Nations family of institutions, and partnership actions for country results.

25. Beyond the activities that UNDP financed, UNDP country office managers and staff were engaged at various levels in stimulating HIV/AIDS policy development, planning, and action at the country level.

26. The signal accomplishment of UNDP, as revealed by the evaluation, lies in moving HIV/AIDS paradigms from biomedical towards development perspectives in almost all the case-study countries. UNDP was acknowledged for helping to institutionalize this shift in development planning and management. The shift was part of a global change, but UNDP was widely considered to have been instrumental in successfully advocating for it within countries. Support at the country level in systematically promoting the shift has been significant.

27. However, together with its partners, UNDP has achieved only limited change in translating awareness and policy acceptance into actions, especially beyond the HIV/AIDS 'sector.' In addition, the recent growth in external financial resources and consequential prominence of treatment creates the danger that developmental approaches to combating the epidemic may lose attention.

## A. Relevance and effectiveness of UNDP role and contributions

28. Five themes were used as the substantial organizing framework for the evaluation — governance in relation to HIV/AIDS, HIV/AIDS leadership, mainstreaming HIV/AIDS into other development activities, capacity development for HIV/AIDS response, and partnerships for country results.

*Governance, including gender and CSO engagement*

29. UNDP contributed substantially to the biomedical to developmental paradigm shift in perspectives on HIV/AIDS and greater commitment of governments and their partners towards sound processes, structures, policies and strategies that shape national responses. Three significant outcomes stand out: changing national policies and strategic frameworks for managing HIV/AIDS; strengthening decentralized HIV/AIDS institutions; and increasing the presence and voice of CSOs and vulnerable groups in advocacy and participation. The quality, effectiveness and sustainability of changes in these three areas were mixed.

30. There are ongoing challenges to enhance the roles and performance of national HIV/AIDS commissions and decentralized structures, and the participation of key stakeholders, including vulnerable groups. There were also indications that the quality of country strategies to address these issues in the case-study countries could be improved, and that plans to translate these strategies into action were often not well developed.

31. The reputation of UNDP for strong links with government created unexploited opportunities for influence on HIV/AIDS governance. Many other development partners have become involved in strengthening national HIV/AIDS structures and governance, often with larger financial and human resources than UNDP has available.

32. Gender and HIV/AIDS are inextricably linked. Gender inequality is a key factor in the HIV/AIDS epidemic among women. As is commonly known, young girls are disproportionately affected by the pandemic. Several UNDP initiatives, particularly at the community level, have positively and markedly influenced gender dynamics.

33. The evaluation found it difficult to establish that UNDP programmes had achieved change in gender-related issues concerning HIV/AIDS on a significant scale. In a number of countries, UNDP has promoted the increasing recognition of

the presence, voice, rights and enhancement of the roles of CSOs, people living with HIV and AIDS, and women, in HIV/AIDS governance and in multi-sectoral responses. UNDP spearheaded initiatives to establish and strengthen umbrella or coordinating CSOs, but did not provide enough support to achieve measurable impact, especially at the peripheral levels where populations most need support from CSOs.

*Leadership*

34. UNDP has helped strengthen HIV/AIDS-related leadership through programmatic interventions that develop leadership among politicians and government officials, community and civil society bodies, and some private-sector entities. In addition, the UNDP country offices themselves, through the interventions of resident representatives, resident coordinators and country office staff, have contributed to HIV/AIDS leadership. However, there is still a great need to enhance HIV/AIDS-related leadership in the case-study countries.

35. The evaluation found inspiring examples of leadership 'breakthroughs', particularly in the UNDP community conversations and leadership development programmes. However, at the time of the evaluation it was uncertain whether various UNDP interventions, including its Leadership Development Programme, had achieved sufficient scale and depth to respond fully to leadership needs.

36. With a few exceptions, in-depth monitoring and evaluation of UNDP leadership initiatives was lacking. It was therefore difficult to ensure that effective interventions received adequate support, and that interventions that were supported represented true areas of comparative advantage for UNDP in relation to its other HIV/AIDS work and the work of its development partners. The UNDP concentration on individual leadership development needed to be complemented by emphasis on group leadership.

*Mainstreaming*

37. UNDP has contributed to acceptance of the multi-sectoral nature of the epidemic and the need for mainstreaming – inclusion of HIV/AIDS issues in policies, plans and action in government responses beyond the health and HIV/AIDS sectors; enhancement of the roles of non-governmental partners in multi-sectoral responses; and emergence of workplace programmes in UNDP country offices and in public and private sector entities. However, despite the initiatives of UNDP and its partners, mainstreaming was found still to be at an early stage in most case-study countries, especially in key areas such as poverty reduction strategies.

38. The evaluation team was particularly concerned to find very limited mainstreaming into other UNDP programmes and activities. This finding suggests limited ownership of the HIV/AIDS agenda among UNDP country office staff beyond those immediately responsible for HIV/AIDS response.

39. HIV/AIDS deepens poverty and increases inequalities at every level. It is critical to integrate HIV/AIDS priorities into poverty reduction strategies to help create an enabling policy and resource environment. UNDP was found to be influential in achieving integration of HIV/AIDS into poverty reduction strategy documents in several countries, working closely with governments and national partners.

40. Substantial impact seemed unlikely on the basis of UNDP mainstreaming contributions. Very little attention was paid to gender and HIV/AIDS mainstreaming, even at the government policy level. Where this was done, as in Botswana, follow-through was limited. The contributions sometimes seemed to be largely a matter of inserting appropriate material into policy documents, with little follow-up implementation. While this gap is not unique to UNDP, there is a long way to go to achieve full integration of HIV/AIDS into poverty reduction strategies, papers, processes, and outcomes.

41. Though UNDP leadership has triggered some important changes through the United Nations 'We Care' workplace programme in some countries, in others UNDP was seen more as a participant than a leader. There were missed opportunities for UNDP country offices and other United Nations partners to learn from and motivate each other to become model players in this regard. Country offices did not integrate this activity systematically into their own activities and programmes.

*Capacity development*

42. Capacity development has always been and remains a top priority for UNDP in supporting programme countries. While results differed among countries, the evaluation found that both institutional and individual capacity at all levels, from national and decentralized to the community level, had been strengthened by UNDP.

43. UNDP has contributed to enhanced capacity to respond to HIV/AIDS in the following areas: individual and institutional capacity in national HIV/AIDS commissions and ministerial departments; capacity for decentralized planning, management and implementation; capacity of HIV/AIDS-related CSOs and community level capacity; empowerment of people living with HIV/AIDS and others vulnerable to effects of the epidemic; and knowledge relating to HIV/AIDS to guide responses. In some countries UNDP appears to have missed opportunities to deal with larger-scale capacity problems in public sector management, particularly related to human resource planning, development and management.

44. Notable UNDP achievements have occurred at the community level and at decentralized levels of government, where limited ability to promote activity is often a major gap in national response. However, results related to gender and HIV/AIDS and the development of the capacity and involvement of women have not featured prominently in many countries.

45. Serious constraints so far on outcomes of capacity building exercises with CSOs and other players are (a) inadequate consideration of sustainability plans; (b) exit strategy; and (c) how to achieve the required scale of impact.

46. An increasingly prominent area of capacity development is building country capacity to mobilize and manage external HIV/AIDS resources. UNDP has begun to grapple with this issue, particularly through its Global Fund principal recipient role. It was found that insufficient emphasis had been given to moving such resources beyond the national level to decentralized and community levels. UNDP assumed a major HIV/AIDS capacity development role through its principal recipient responsibility for GFATM resources in two of the case-study countries, where it is likely that without UNDP support no access to GFATM would have been possible. However, while the importance of UNDP's potential capacity development contributions as Global Fund PR was underscored, UNDP's assumption of this role raised concerns in the mind of some stakeholders as to whether it created a conflict

of interest with other UNDP activities, and particularly with its role of neutral, disinterested advisor to the public authorities.

47. The evaluation found that approaches to UNDP HIV/AIDS capacity development innovations were sometimes weak in strategic focus, leading to limited sustainability and impact. Issues of scale and sustainability were raised with respect to 'community conversations' in several countries. The role of United Nations Volunteers, which had been successful in achieving urgent outcomes, was cited as needing to be more strategic. UNDP training in several countries was noted as lacking coherent planning and follow-up. These issues were thought appropriate for action by the UNDP Southern African Capacity Initiative (SACI).

48. The scale and range of HIV/AIDS capacity challenges in the case-study countries remains huge. It was thought that UNDP risked spreading itself too thin as a result of limited prioritization, limited consolidation of capacity development agendas, and limited reinforcement and exchange of experience among countries. Stakeholders found a possible role for the UNDP Regional Centre for Southern Africa in cross-country experience sharing.

*HIV/AIDS partnership coordination*

49. In nearly all the case-study countries, UNDP has played an important role in partnership coordination for the achievement of country results. This was most evident in *financial resource mobilization* from the Global Fund in Angola and Zimbabwe. UNDP assisted some countries in obtaining increasing government financial allocations to HIV/AIDS, but the amounts were dwarfed by the larger funding from external partners such as GFATM and the President's Emergency Plan for AIDS relief (United States of America).

50. UNDP made important contributions in some of the case-study countries in strengthening *interagency synergy* among United Nations organizations and with official development partners, as exemplified by the effective functioning of HIV/AIDS theme groups. Obstacles to effective partnerships included inadequate communication; inadequate agency role definition and resulting tensions; limited UNDP assertiveness; and excessively project-focused approaches. Differences among UNDP headquarters staff in their personal commitment to the corporate HIV/AIDS agenda were also cited as part of the explanation for inter-country differences in the HIV/AIDS response of UNDP.

51. The HIV/AIDS practice of UNDP is a part of a larger joint United Nations programme – UNAIDS – of which UNDP is one of ten co-sponsors. At the country level they form the United Nations Theme Group on HIV/AIDS. For UNDP, the most significant institutional change over the period of this evaluation has been the striking growth of the UNAIDS secretariat and the expansion of its action and presence in the field. In many countries, the UNAIDS secretariat has recruited Country Coordinators, while UNDP has only part time HIV/AIDS focal points. Tensions were found to have undermined synergies between the two in some countries.

52. The evaluation found that many stakeholders would like UNDP to provide more leadership in partnership coordination for country results in the HIV/AIDS response. Strategies to strengthen partnership development roles were thought to require the consideration of several factors including: specific circumstances and opportunities in each country; capacity of country offices and the skills and attitudes

of specific resident representatives, resident coordinators and staff; clarification of roles between UNAIDS and UNDP at the country level; and improved design and communication of the UNDP country office HIV/AIDS strategy.

53. The positive partnership coordination outcomes documented in the evaluation were widely thought to have been accomplished with less-than-adequate country office and regional centre staff and coordination – a view shared among country office staff and many development partners. The newly established regional centre was seen by many as an important complement to the country office, but its role, activities, and coordination with country office initiatives were not well understood. Observers wondered whether country office capacity might be strengthened by 'projectizing' support and thereby removing it from the constraints of the UNDP country office administrative budget. From 2003 to 2004, the last year of the review period, the available data indicate that the share of HIV/AIDS in UNDP spending increased in only four of the ten case-study countries, and actually declined in six.

## B. Strategy and management of the UNDP HIV/AIDS response

54. UNDP has made significant efforts to mobilize resources for its interventions in the fight against HIV/AIDS. It operates at three levels – corporate, regional and national. Resources are mobilized through different funding sources – the global thematic trust fund set up in 2002 to support GCF resources; projects at the regional level; and core and non-core resources at the country level.

*Strategic focus*

55. The evaluation found a disconnect between the UNDP corporate strategy for HIV/AIDS and implementation or action by country offices, and little evidence of integration of corporate, regional and country-level strategies and activities. A further disconnect existed between the country cooperation framework (CCF) and actual activities. Broad frameworks had not necessarily been consistent or adequately captured what UNDP actually planned and executed at the country level.

56. Such disconnections between CCFs and programme statements, compared to actual activities, might indicate adaptation, evolution, and flexibility in the UNDP response; or, alternatively, might indicate possible disjunctions among the paradigms and strategies of UNDP country offices, headquarters, and the regional centre. Headquarters initiatives did not seem to be reliably consistent with country-level circumstances and capacity.

*Funding by UNDP*

57. In the countries reviewed, the evaluation found that the role of UNDP in HIV/AIDS had substantially increased in the period covered by this evaluation, with many new activities being funded. Nonetheless, in some countries HIV/AIDS still was not a central element in country programmes. A review of CCFs showed that discussions of HIV/AIDS were vague and somewhat limited.

58. UNDP spending on HIV/AIDS has substantially increased in overall terms. Although financial information was not available to assess patterns and trends with a high degree of confidence, the evaluation found significant differences among the case-study countries in the amounts and shares of HIV/AIDS spending in total country programme spending. The low levels and small shares of HIV/AIDS in UNDP country programme spending in some countries as late as 2004 (6-9 per cent in three countries) did not seem to reflect the UNDP corporate priority and strategy

on HIV/AIDS at the country level. The very high share in other countries (as high as 62 per cent in one country) suggests that determined leadership by the UNDP Resident Representative or the United Nations Resident Coordinator can make a very significant difference.

*Country office HIV/AIDS capacity*

59. Wide variations exist in the technical and organizational capacity of the country offices to support national HIV/AIDS responses, as well as the determination of country office managers and staff to take action. The difficulty in obtaining coherent, consistent financial and other data on UNDP HIV/AIDS projects and programmes from headquarters databases and from the country offices themselves raises questions about the capacity of UNDP to be accountable and manage resources in an effective and timely manner.

*Promise and performance*

60. Despite the achievements of UNDP in making HIV/AIDS a development issue, the evaluation found serious gaps between promises made by UNDP and its performance. The soaring rhetoric of senior management statements and UNDP publications on HIV/AIDS was inadequately matched by comparable country office performance in the design and execution of UNDP activities. Overall, the evaluation perceived large 'delivery gaps' in translating policies into actions that would mitigate and eventually reduce the incidence and impact of the pandemic to a significant degree.

61. Focus on implementation was given inadequate attention at two levels. UNDP projects and programmes were thought to require greater support from country offices to reduce delays in execution; and as growing external financial resources were being promised by donors for the HIV/AIDS response, UNDP was found not yet to be providing the new types of support needed for execution of country HIV/AIDS programmes in the public and private sectors, including the NGO community.

## C. Monitoring, evaluation, and sustainability of the UNDP HIV/AIDS response

*Availability of data*

62. The limited quantity of available monitoring and evaluation data related to inputs, processes, outputs and results imposed serious constraints on the evaluation and raised questions regarding the sustainability of the UNDP HIV/AIDS response. Weaknesses were observed in the lack of outcome-oriented evaluation at the country office level (with one or two exceptions), and quantified or other clearly documented evidence was scarce. The concept of outcome evaluation was not yet firmly anchored in UNDP – to the extent that country office understanding of an independent evaluation, and the level of support it received, varied greatly from country to country.

*Evaluation and exit strategies*

63. The evaluation found that UNDP HIV/AIDS projects – which frequently took the form of pilot operations – generally lacked evaluation and exit strategies, and seemed simply to come to a halt. In Ethiopia, UNDP was found to be making successful efforts in this respect with its 'community conversations' programme.

Such actions are critical if UNDP interventions are to be sustainable in the long term.

*Sustainability*

64. The evaluation found that without carefully planned and executed evaluation and exit strategies, the chances of sustaining UNDP projects and activities well beyond the period of UNDP financial support were low.

# IV. Recommendations

65. **This evaluation has one overarching recommendation:** In Southern Africa – the sub-region where HIV/AIDS is the most severe in the entire world – the country offices in the case-study countries must demonstrate a much higher level of urgency in their work on HIV/AIDS.

66. Urgency should be measured, inter alia, by use of resources, leadership, people, time and money. Total UNDP spending on HIV/AIDS overall is not large enough to have a significant impact on the epidemic at the country level. It is therefore particularly important that it use HIV/AIDS resources, both human and financial, in a strategic manner. It is critical to develop coherent approaches to leveraging partner resources in order to achieve the scale of outcomes required in countries with very severe epidemics.

67. With support of an agile team drawn from all concerned headquarters units and the Regional Centre, each UNDP country office and each of the other units concerned should develop, by September 2006, a monitorable action plan through which to implement the specific recommendations detailed in the evaluation report.

68. The specific recommendations of the evaluation are:

*To country offices:*

(a) *Clarify strategic direction.* Country offices should *formulate or update UNDP country HIV/AIDS strategies* and *integrate them into national HIV/AIDS strategies and programmes*. Strategies should (i) include UNDP inputs from the Regional Centre and headquarters units, and promote mainstreaming, especially the full integration of HIV/AIDS into poverty reduction strategies; (ii) draw upon initiatives from the headquarters Bureau for Development Policy (BDP) and the Regional Centre, where those initiatives are relevant to the country's situation; (iii) be based on country demand and need rather than UNDP supply, take into account implementation of the 'Three Ones' principles, and support donor harmonization, and support for integration of HIV/AIDS into poverty reduction strategies, and implementation of associated actions should feature prominently in UNDP country HIV/AIDS strategies and programmes; and (iv) integrate all UNDP financial resources for HIV/AIDS, whether managed at country, regional or headquarters level, whether core resources or trust funds.

(b) *Shift programme focus.* (i) Give central attention to supporting implementation of country HIV/AIDS programmes, especially at decentralized levels. (ii) With support from the Regional Centre, assist partner countries in designing, financing, and executing programmes that take actions successfully piloted by UNDP and other external partners to scale on a country-wide basis. (iii) Assist partner countries with mobilization, disbursement and effective utilization of external financial resources for HIV/AIDS, with support from the Regional Centre.

(c) *Strengthen HIV/AIDS capacity.* Country offices should strengthen their HIV/AIDS capacity, with support from the Regional Centre for Southern Africa and headquarters. Country office HIV/AIDS capacity should be understood to include budgets; staff skills, attitudes, and deployment; staff incentives; organization for HIV/AIDS work; and internal and external leadership. Leadership by example rather than by mandate should characterize UNDP cooperation with United Nations organizations and other partners. In their HIV/AIDS work, country offices should go beyond UNDP projects and should plan, draw upon and facilitate deployment of the entirety of the institutional resources available to UNDP through UNAIDS and the United Nations system.

(d) *Foster a culture of monitoring and evaluation.* Such a culture should be fostered by strengthening monitoring, evaluation, exit strategies, and especially learning from experience, with an expectation of measurable results from each UNDP HIV/AIDS project or intervention. Specific recommendations: (i) review each ongoing UNDP HIV/AIDS project or activity for adequacy of its monitoring, evaluation and exit strategy. Projects should not simply end, but should have a planned exit strategy involving evaluation and transfer of responsibility for subsequent stages of successful activity to the host Government or other partners. (ii) Establish successful work on monitoring and evaluation as a criterion for positive evaluation of staff performance. (iii) Draw upon the monitoring and evaluation work of the regional centre for methodology, to synthesise monitoring and evaluation analysis in forms usable by others, and to establish and disseminate good practices and lessons learned.

69. *To the Regional Bureau for Africa:*

*Assume new HIV/AIDS leadership roles.*

(a) Support stronger HIV/AIDS leadership on the part of resident coordinators and resident representatives. The Regional Bureau for Africa (RBA) should support and promote increasingly proactive leadership on HIV/AIDS, through job design, staff selection and performance appraisal, and through support with other UNDP units and external partners.

(b) Review and, where necessary, revise SACI strategies and mandates, and especially the Armada projects, in close cooperation with the regional centre, to prioritize supporting country HIV/AIDS programmes with particular reference to monitoring and evaluation, and disseminating good practices; supporting expansion of pilots evaluated as successful, and – more generally – to design and support public management actions necessary for scaled-up HIV/AIDS programmes; and contributing formulating and executing country office HIV/AIDS strategies and programmes.

(c) Lead a task force for the independent assessment of HIV/AIDS capacity in country offices, the regional centre, and RBA with the participation of RBA, BDP, the Bureau of Management (BOM), the Regional Centre, and country offices.

70. *To the Bureau for Development Policy:*

*Review corporate HIV/AIDS strategy.* Review the corporate HIV/AIDS strategy of UNDP in the light of the evaluation report, to support implementation of country HIV/AIDS programmes and poverty reduction strategies.

(a) Focus on the two themes of: (i) support to implementation of country HIV/AIDS projects and programmes, and (ii) support to integration of HIV/AIDS into poverty reduction strategies. UNDP/BDP HIV/AIDS programmes outside the

two central themes should gradually be consolidated and transferred to other partners, except to the extent that they are directly responsive to country demand and have been evaluated as being successful. The revised corporate strategy should encompass a review of UNDP approaches to mainstreaming.

(b) Assist the regional centre, and especially country offices, with HIV/AIDS country strategy formulation and implementation.

(c) Weigh the HIV/AIDS capacity of BDP, including budgets, staff skills, attitudes, and incentives, and links with other UNDP units and partners, against the changing needs. BDP should give particular attention to capacity for monitoring and evaluation.

71. *To the Bureau of Management:*

*Accelerate implementation of financial management improvement programme.* The financial management strengthening programme should make it possible for users in BDP, regional bureaux and country offices to access and effectively use real-time, consistent, comparable financial data on the full range of UNDP HIV/AIDS activities.

72. *To the Office of the Associate Administrator:*

*Clarify working relationships.* Examine and, where necessary, refine and revise internal HIV/AIDS working and reporting relationships and external partnerships. The Office of the Associate Administrator should position UNDP for increasingly effective engagement on HIV/AIDS.

(a) Take the lead in defining standards and procedures for use by country offices in resolving problems that arise in implementing the division of HIV/AIDS-related labour among United Nations organizations recently agreed in follow-up to the work of the Global Task Team on Improving AIDS Coordination. Particular attention is needed in this connection to ensure effective cooperation between UNDP and the UNAIDS secretariat.

(b) Review collaboration and reporting relationships among the concerned headquarters offices and bureaux, the regional centre and the country offices. The principle should be established that the country offices are supported by the other units within the framework of agreed strategies.

(c) Review for conflict of interest the role of UNDP as principal recipient for the Global Fund. If that role is retained, guidelines and procedures should be established to ensure its separation from UNDP advisory functions, and there should be a concentrated focus on capacity development for early phase-out at the country level.

73. *To the Executive Board:*

*Request a report on the implementation of the recommendations for the annual session, 2007.* The Executive Board should monitor implementation of the recommendations and should commission a further evaluation at a convenient mid-point between 2006 and 2015.